

JCT72 U.S. PTO
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PTO/SB/50 (02-01)
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REISSUE PATENT APPLICATION TRANSMITTAL

09/838300
04/20/01

Address to:

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Washington, DC 20231

Attorney Docket No.	70869-0089
First Named Inventor	John R. Wells
Original Patent Number	5,895,346
Original Patent Issue Date (Month/Day/Year)	April 20, 1999
Express Mail Label No.	

APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)

1. Fee Transmittal Form (PTO/ SB/ 56)
(Submit an original, and a duplicate for fee processing)
2. Applicant claims small entity status. See 37 CFR 1.27.
3. Specification and Claims in double column copy of patent format (*amended, if appropriate*)
4. Drawing(s) (*proposed amendments, if appropriate*)
5. Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. Power of Attorney
7. Original U.S. Patent currently assigned? Yes No
(If Yes, check applicable box(es))
 - Written Consent of all Assignees (PTO/SB/53)
 - 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
8. CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i CD-ROM (2 copies) or CD-R (2 copies); or
 - ii paper
 - c. Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
11. Original U.S. Patent for surrender
 - Ribboned Original Patent Grant
 - Statement of Loss (PTO/SB/55)
12. Foreign Priority Claim (35 U.S.C. 119) (*if applicable*)
13. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
14. English Translation of Reissue Oath/Declaration (*if applicable*)
15. Preliminary Amendment
16. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other: unsigned Reissue Declaration
.....
.....

18. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label Correspondence address below
(Insert Customer No. or Attach bar code label here)

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Address	Clark & Brody 1750 K Street, NW, Suite 600			
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NAME <i>(Print/Type)</i>	Conrad J. Clark	Registration No. (Attorney/Agent)	30,340
Signature	<i>Conrad J. Clark</i>	Date	April 20, 2001

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REISSUE APPLICATION FEE TRANSMITTAL FORM					Docket Number (Optional) 70869-0089			
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee		Rate	Fee
(A) 31	Total Claims (37 CFR 1.16(j))	(B) 47	**** 16 =	x \$ _____ =	or	x \$ 18 =	288.00	
(C) 4	Independent claims (37 CFR 1.16(l))	(D) 8	* 4 =	x \$ _____ =		x \$ 40 =	160.00	
Basic Fee (37 CFR 1.16(h)) \$ 710							\$ 710.00	
Total Filing Fee \$						OR	\$ 1,158.00	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee		Rate
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =	x \$ _____ =		
Independent Claims (37 CFR 1.16(l))	***	MINUS	*****	=	x \$ _____ =	x \$ _____ =		
Total Additional Fee \$						OR	\$	
* If the entry in (D) is less than the entry in (C), Write "0" in column 3.								
** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.								
*** After any cancellation of claims.								
**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).								
***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).								
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>50-1088</u> in the amount of <u>\$1,158.00</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>50-1088</u>. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
<u>4/20/01</u> Date		 Signature of Applicant, Attorney or Agent of Record						
Conrad J. Clark, Reg. No. 30,340								
Typed or printed name								

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of :)
Wells et al.)
Serial No.: Reissue of 5,895,346) Art Unit:
Filed: April 20, 2001) Examiner:
For: AUTOMATIC MULTIPLE)
DECANTING CENTRIFUGE)

STATEMENT PURSUANT TO 37 CFR 1.173 (c)

Hon. Director of the Patent
and Trademark Office
Washington, D.C. 20231

SIR:

A. Status of the Claims

Presently original claims 1-31 and new claims 32-47 are pending. No claim has been canceled.

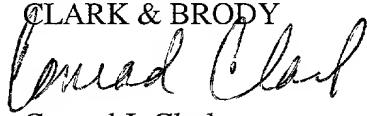
B. Support in the Disclosure for Claim Amendments

The disclosure describes the container recited to in the claims at least at column 2, lines 7-20 and at column 3, line 59 through column 4, line 16. The container is shown in figures 1 and 2.

The use of the container is disclosed at column 2 line 50 through column 3 line 33 and column 5 lines 31 though 58. Drawing figures 4a-4f show a method of use.

Respectfully Submitted,

CLARK & BRODY



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April 20, 2001